

Registration District No. 397

Primary Registration District No. 4234

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH:

- (a) County Jackson
(b) City or town Greenwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)

8. (a) PRINT FULL NAME Betty Jo. Hayes

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Jan 27 - 41
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 3 hr. min.

9. Birthplace Greenwood Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation V

11. Industry or business _____

- MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Marlene Hayes
15. Birthplace Greenwood Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sterling Hayes
(b) Address Greenwood Mo.

17. (a) Burial (b) Date thereof 1-5
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Greenwood Mo.

18. (a) Signature of funeral director D. B. King

- (b) Address Lee Sumner

19. (a) _____ (b) Sally E. Hayes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County 48

- (c) City or town _____ (If outside city or town limits, write "RURAL") 0

- (d) Street No. _____ (If rural, give location) 0

- (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from
Jan 27, 1941, to Jan 27, 1941;
that I last saw her alive on Jan 27, 1941;
and that death occurred on the date and hour stated above.

- Immediate cause of death _____ Duration _____

- Premature 7 1/2 hrs

- Due to _____

- Due to 15 1/2

- Other conditions
(Include pregnancy within 3 months of death)

- Major findings:
Of operations _____

- Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- 359 While at work? 16 Murray (Specify type of place) (e) Means of injury _____

23. Signature Phasant Hill, Mo. (M. D. or other) N

- Address Phasant Hill, Mo. Date signed 1/31/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.